

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Southern District of New York
(State)

Case number (if known): _____ Chapter _____

☐ Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

- ☒ Chapter 7
☐ Chapter 11

Part 2: Identify the Debtor

2. Debtor's name

Champions League, Inc.

3. Other names you know the debtor has used in the last 8 years

None known.

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)

☐ Unknown

4 7 - 1 3 0 3 3 7
EIN

5. Debtor's address

Principal place of business

Mailing address, if different

630 Fifth Avenue
Number Street

108 2nd Street
Number Street

20th Floor

P.O. Box

New York NY 10111
City State ZIP Code

Excelsior MN 55331
City State ZIP Code

Location of principal assets, if different from principal place of business

New York County
County

Number Street

City State ZIP Code

Debtor Champions League, Inc.
Name

Case number (if known) _____

6. Debtor's website (URL) http://www.champshoops.com

7. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other type of debtor. Specify: _____

8. Type of debtor's business

Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the types of business listed.
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☒ No
☐ Yes. Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY

Part 3: Report About the Case

10. Venue

Check one:

- ☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☒ No
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Champions League, Inc.
Name

Case number (if known) _____

| 13. Each petitioner's claim | Name of petitioner | Nature of petitioner's claim | Amount of the claim above the value of any lien |
|------------------------------|-------------------------|------------------------------|---|
| | <u>Gary Akerstrom</u> | <u>secured debt*</u> | <u>\$ 130,000.00</u> |
| | <u>GSA Foundation</u> | <u>secured debt*</u> | <u>\$ 130,000.00</u> |
| | <u>Frank Lamond IRA</u> | <u>secured debt*</u> | <u>\$ 26,000.00</u> |
| Total of petitioners' claims | | | <u>\$ 286,000.00</u> |

*Petitioners understand the value of their lien to be at or near \$0.

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Name and mailing address of petitioner

Gary Akerstrom
Name
425 Talmage Road
Number Street
Ukiah CA 95482
City State ZIP Code

Name and mailing address of petitioner's representative, if any

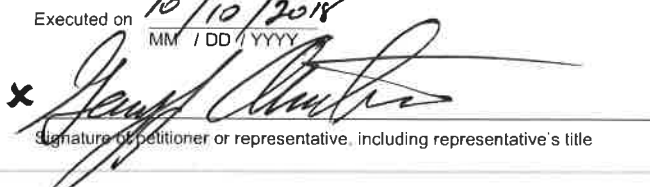
Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/10/2018
MM / DD / YYYY


Signature of petitioner or representative, including representative's title

Attorneys

Printed name

Firm name, if any

Number Street

City State ZIP Code

Contact phone Email

Bar number

State

X

Signature of attorney

Date signed
MM / DD / YYYY

Debtor

Champions League, Inc.
Name

Case number (if known)

Name and mailing address of petitioner

GSA Foundation

Name

425 Talmage Road

Number Street

Ukiah

City

CA

State

95482

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

10/10/2018
MM / DD / YYYY

x *[Signature]* (Pres)
Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone Email

Bar number

State

x

Signature of attorney

Date signed

MM / DD / YYYY

Name and mailing address of petitioner

Frank Lamond IRA

Name

1813 Coconut Palm Circle

Number Street

North Port

City

FL

State

34288

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM / DD / YYYY

x

Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone Email

Bar number

State

x

Signature of attorney

Date signed

MM / DD / YYYY

Debtor Champions League, Inc.
Name

Case number (if known) _____

Name and mailing address of petitioner

GSA Foundation
Name

425 Talmage Road
Number Street

Ukiah CA 95482
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City State ZIP Code

Contact phone _____ Email _____

Bar number

State

X

Signature of attorney

Date signed _____
MM / DD / YYYY

Name and mailing address of petitioner

Frank Lamond IRA
Name

1813 Coconut Palm Circle
Number Street

North Port FL 34288
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/7/2018 2018
MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City State ZIP Code

Contact phone _____ Email _____

Bar number

State

X

Signature of attorney

Date signed _____
MM / DD / YYYY